



# Progress towards Malaria Elimination in Ghana

**Dr. Keziah L. Malm**

Programme Manager, NMEP, Ghana

RBM CMWG Meeting  
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# Outline

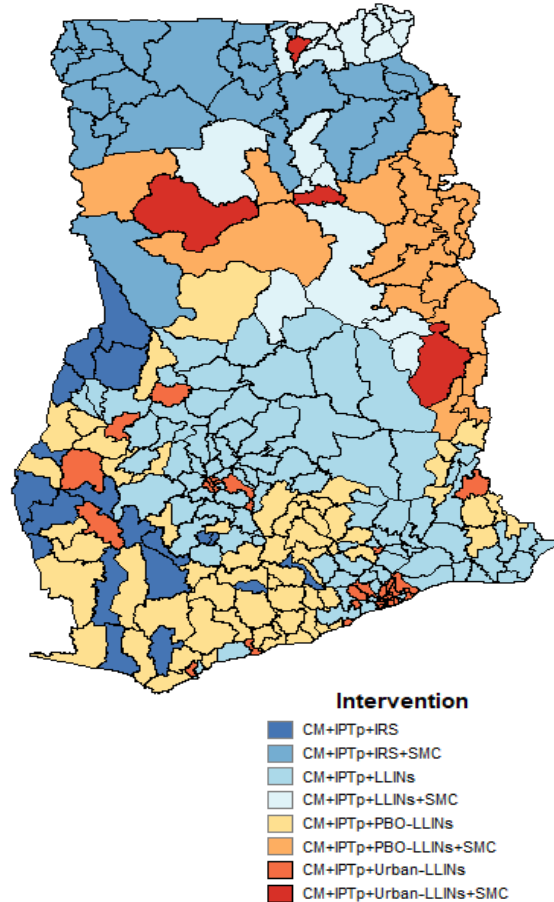
- Current malaria control interventions in Ghana
- Progress with malaria control in Ghana
- Malaria elimination agenda
- Role of Case Management towards Malaria Elimination

# Introduction

- Malaria is a **major public health and socioeconomic problem** in Ghana
- It is a leading cause of morbidity in Ghana, particularly among children under the age of five and pregnant women
- High burden: one of 10 sub-Saharan African countries that contribute to > 70% of global cases and deaths
- High disease expenditure under the National Health Insurance Scheme (NHIS)
- Malaria costs Ghana up to **6% of GDP** each year
  - **Costs from Lost Productivity**
    - Ghanaians lose about 1-9 workdays per episode of malaria
      - Even when present at work, productivity is reduced
    - Caregivers lose about 5 days of work taking care of a child with malaria
  - **Direct Costs**
    - Medicines, Transportation etc.

# Coverage of Major Malaria Control Interventions in Ghana : NSP 2021-2025

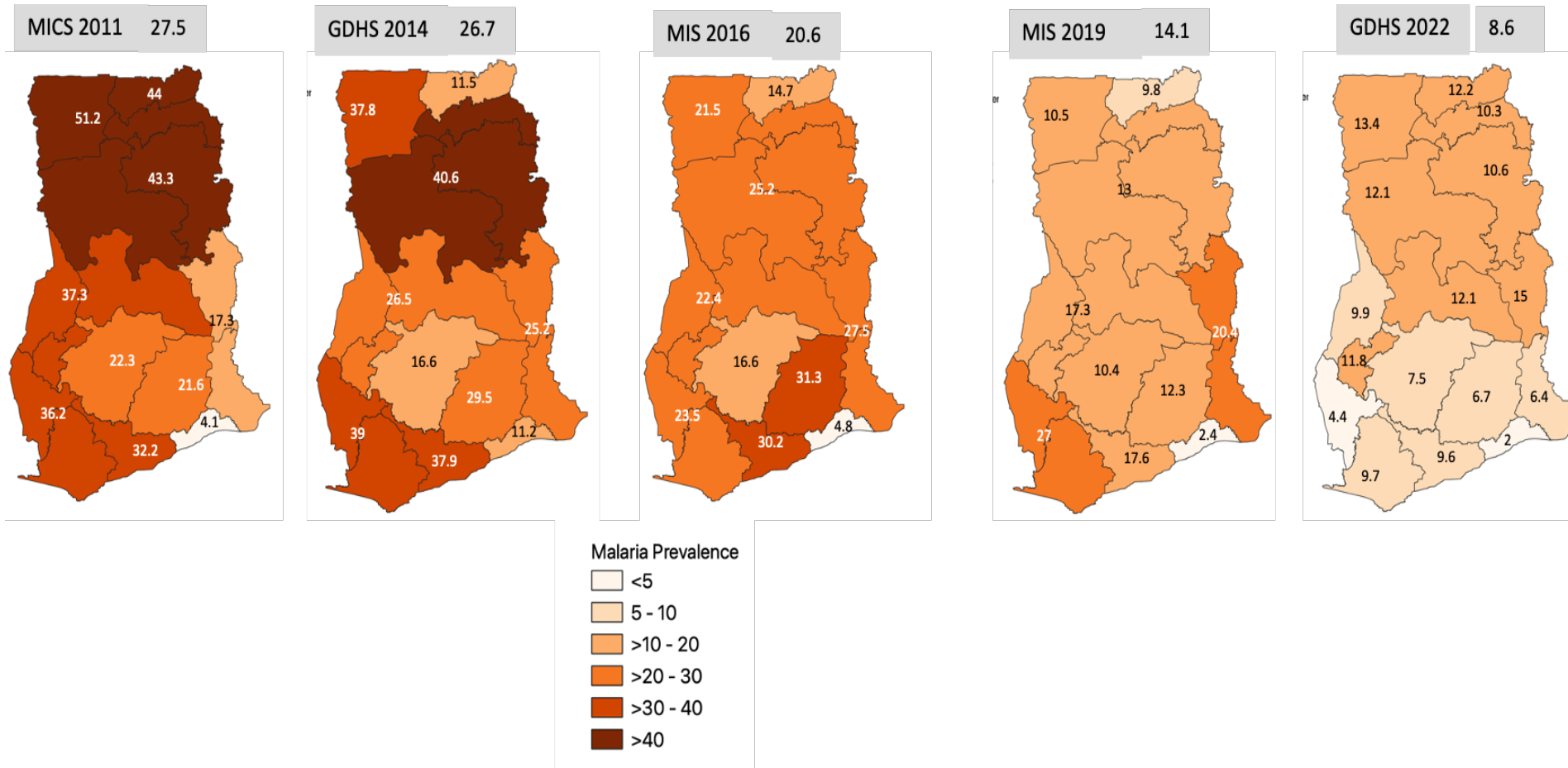
Intervention mix from 2019 stratification, Ghana, 2019



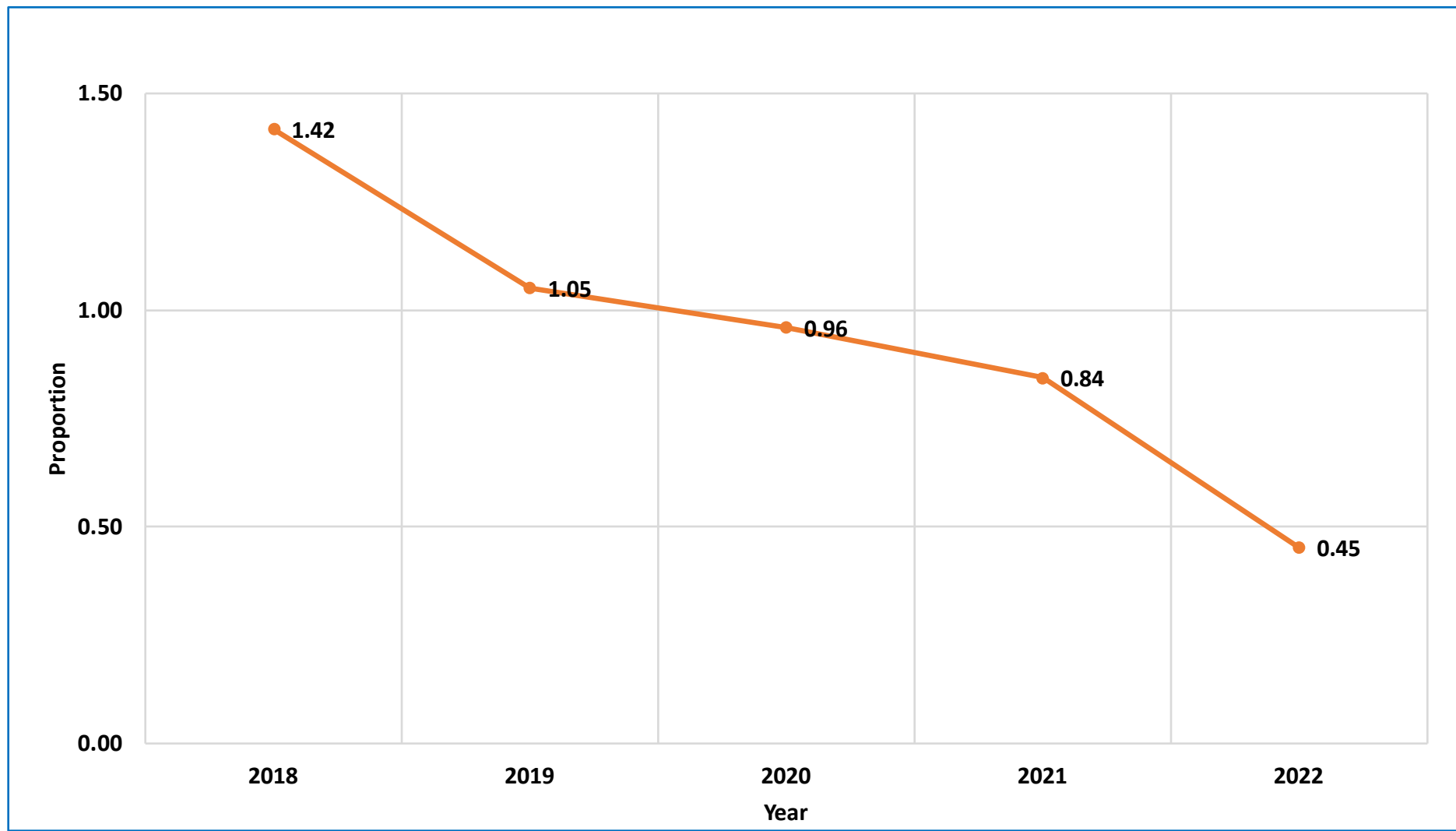
Strategic Interventions	Coverage (Scope and Scale)/Districts	
	NSP 2014-2020	NSP 2021-2025
ITN distribution; Routine	<b>260</b> (Nationwide)	<b>260</b> (Nationwide)
ITN distribution; Mass Campaign	<b>235/260</b> (Except IRS dist)	<b>217/260</b> (Except IRS dist)
IRS	<b>25</b> (All dist in Upper West, Obuasi, 3 districts in Upper East and 9 dist-Northern region)	<b>43</b> (All dist in Upper West, Obuasi, 3 districts in Upper East and 9 dist-Northern region, 18 additional districts)
Larva Source Management	<b>105</b>	<b>105</b>
IPTp	<b>260</b> (Nationwide)	<b>260</b> (Nationwide)
SMC	<b>55</b> (NR, UER & UWR)	<b>68</b> (NR, UE,UW, Oti, Bono East [5 dist])
Malaria Vaccine	<b>42</b> (Ahafo, BR, BER, CR, OR, UER, VR)	<b>92*</b> (Ahafo, BR, BER, CR, OR, UER, VR)
Case Management	<b>260</b> (Nationwide)	<b>260</b> (Nationwide)

# Progress with Malaria Control in Ghana – malaria parasite prevalence in children under five years

Malaria Parasite Prevalence Among Children 6-59months in Ghana, 2011-2022



# Progress with Malaria Control in Ghana –Malaria deaths per 100,000 population, Ghana



# Summary Progress-1

- ❑ Parasite prevalence reduced from 50% in 2002 to 8.6% in 2022 (**82.8% reduction**)

*In 2002, 50 out of 100 persons sampled in Ghana will have the plasmodium parasite while 9 per 100 sampled will carry the parasite in 2022*

- ❑ Malaria related deaths all ages, reduced from 6054 in 2000 to 151 by end of 2022 (**97.5% reduction**)

*In 2000, we recorded 17 people dying from malaria every day while 1 person died from malaria every other day (2 days) in 2022*

Under-five malaria case fatality rate reduced from 14.4% in 2000 to 0.03% in 2022 (**99.8% reduction**)

*In 2000, we recorded 144 people dying from malaria out of 100,000 children under five malaria admissions while 3 person died out of every 100,000 in 2022*

# Summary Progress-2

Against NSP target of 50% reduction in malaria cases by 2025 *using 2019 as baseline*;

- ❑ Malaria related admissions (all ages), increased from 393,804 in 2019 to 423,417 in 2022 (8% increase)

*In 2019, we recorded 1079 people are admitted for malaria every day while 1160 people are admitted for malaria every days in 2022*

- ❑ Outpatient malaria cases decreased from 193 per 1000 population in 2019 to 155 per 1000 population in 2022 (20% reduction)
- ❑ Testing for malaria cases increased from 94% in 2019 to 98% in 2022 (4% increase)



# Malaria Elimination Agenda

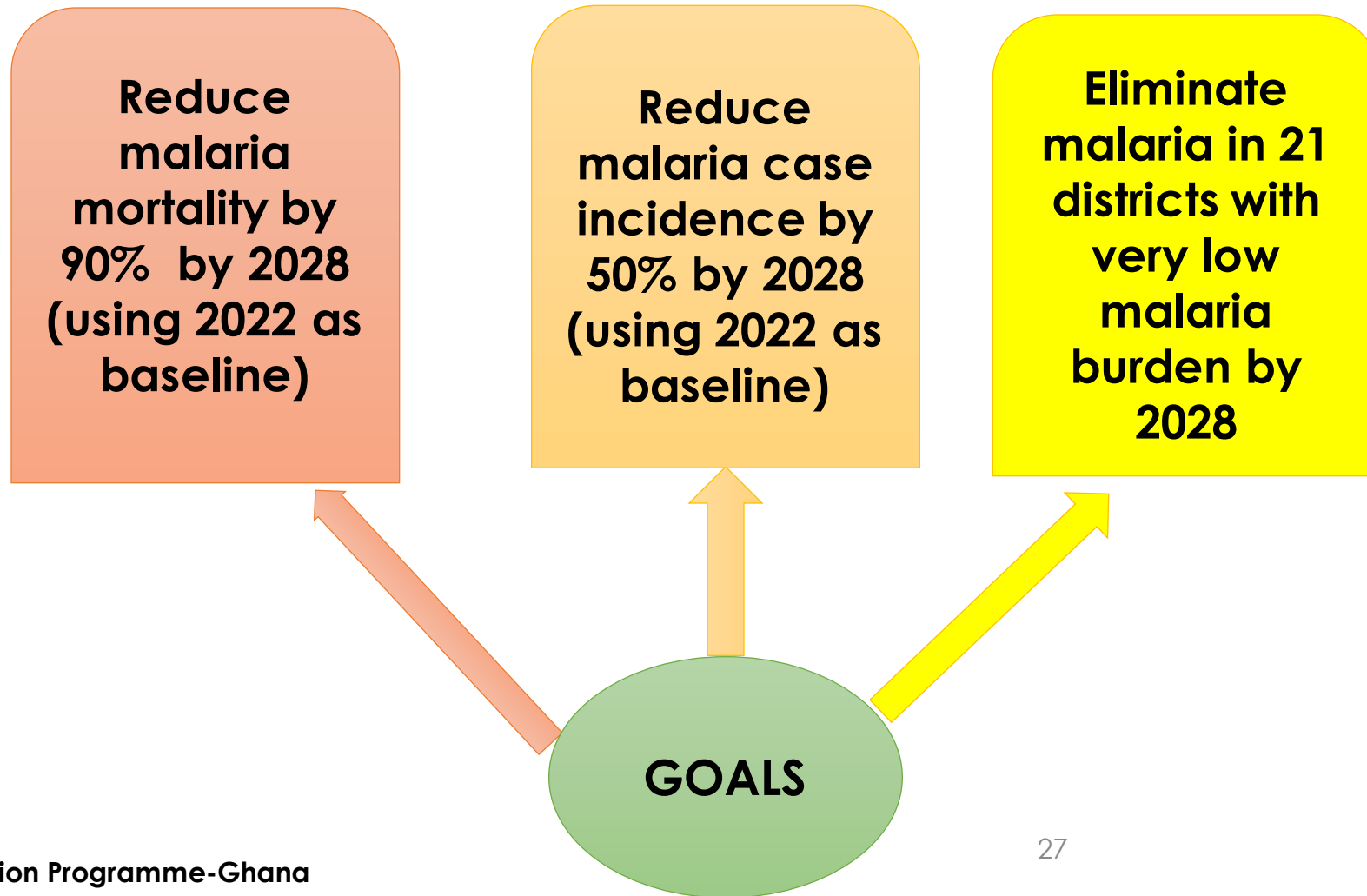
# Ghana Malaria Elimination Agenda

- **Unanimous call** (by partners and stakeholders) for malaria elimination since 2022
- **Actions taken so far** towards malaria elimination
  - **Galvanizing political will;**
    - ✓ Parliamentary Select Committee on Health/ Malaria Caucus (orientation workshop, launch, commitment)
  - **Change of name** from control program to elimination program
  - **Malaria Elimination Audit**
  - **Mid-Term Review**
  - **Stakeholder Engagements-** comm. ownership
  - **Strategic Plan Development**
  - **Resource mobilization**

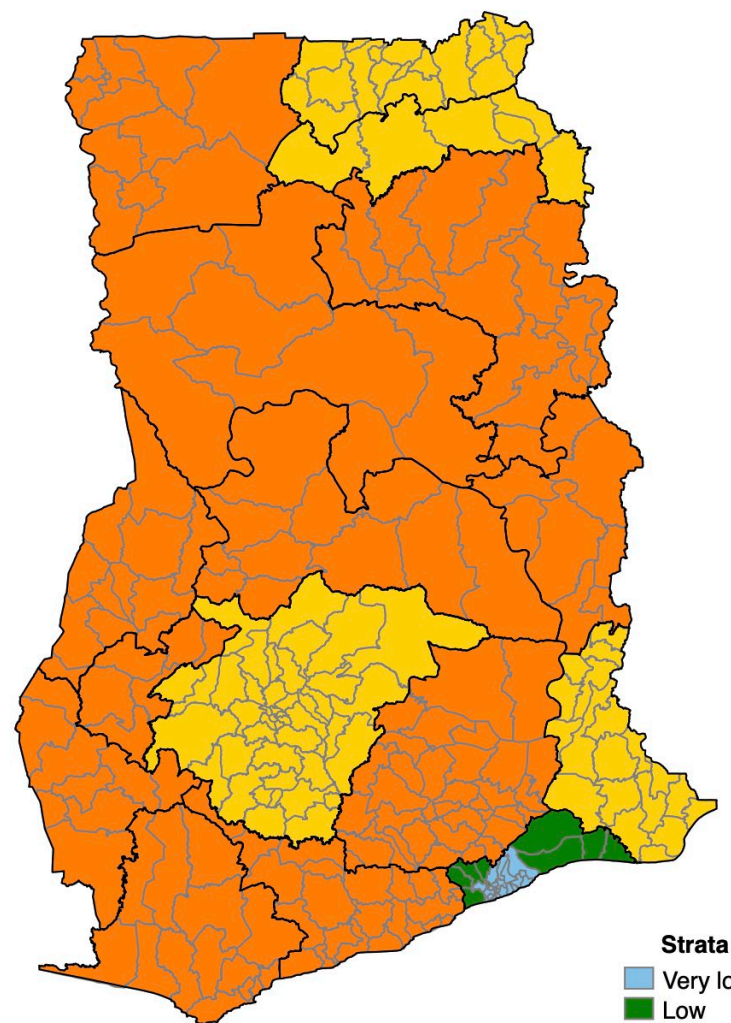


# Goals NMESP 2024- 2028

- A National Malaria Elimination Strategic Plan (NMESP)\* 2024-2028 has been developed to guide the elimination process



Click to edit / **Epidemiological Zones for Malaria Elimination**



Epi zone	Number of districts
Very low	21
Low	8
Moderate	83
High	149
Total	261

**Strata**  
Very low  
Low  
Moderate  
High

# Interventions within the Elimination Strategic Plan 2024-2028 (1)

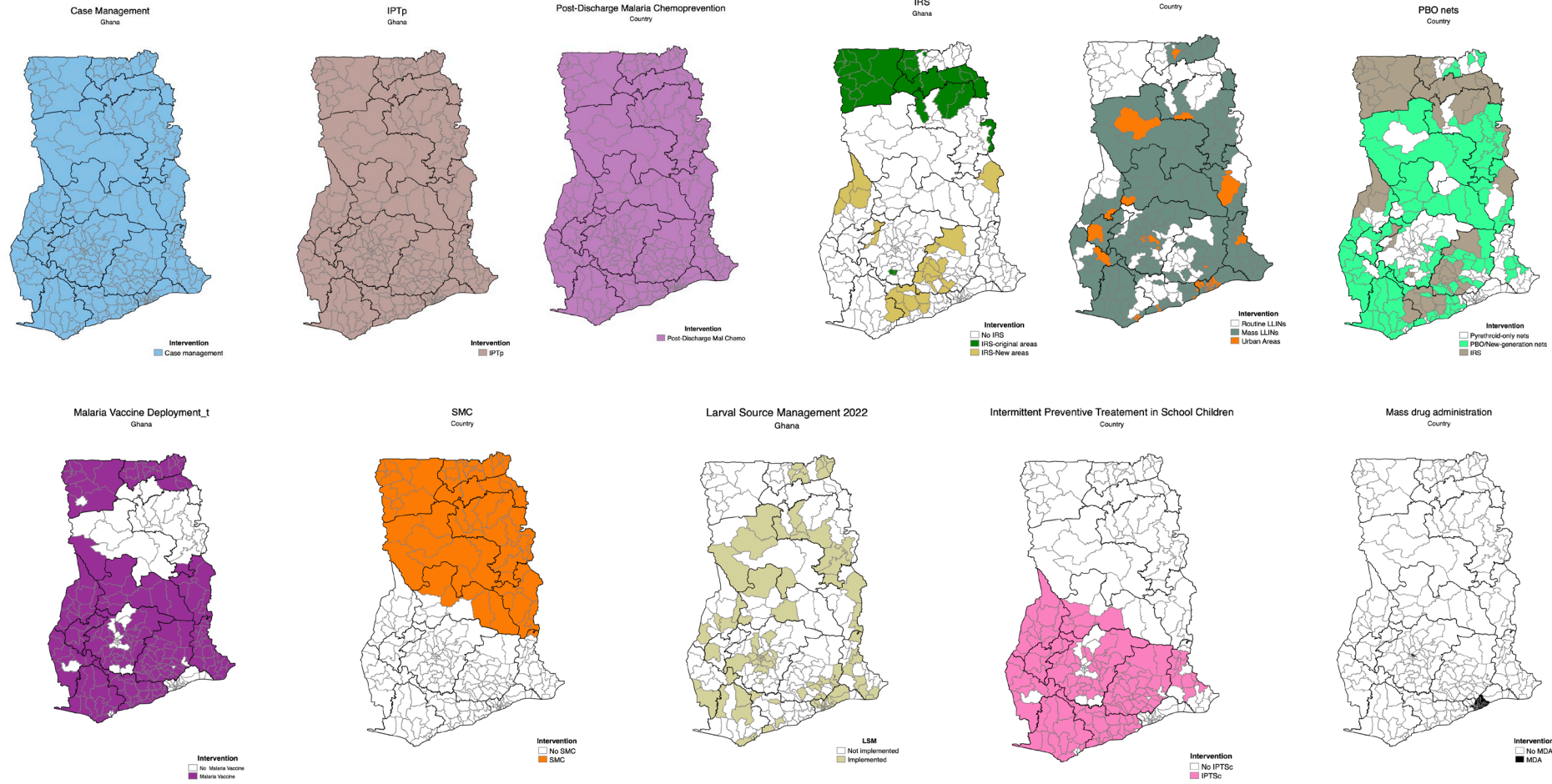
- **All Districts (Zones)- Interventions to be continued**
  - Quality **case management**
  - Intermittent Preventive Treatment of Malaria in Pregnancy (**IPTp**)
  - Availability and rational use of quality **malaria commodities**
  - Distribution of Long-Lasting Insecticide-treated Nets (**LLINs**)
  - Larval Source Management (**LSM**)
  - Social Behavior Change (**SBC**)
  - **Surveillance**
    - Entomological
    - Epidemiological
  - **Research**
  - Effective program **leadership and management** at all levels

# Interventions within the Elimination Strategic Plan 2024-2028 (2)

- **Very Low Burden Districts (Zone)**
  - Mass Drug Administration (MDA) **(New)**
  - Single low dose Primaquine (SLDP) administration **(New)**
  - Enhanced Entomological Surveillance **(New)**
  - Enhance Epidemiological Surveillance **(New)**
    - Case-based reporting
    - Surveillance- Pharmacies and OTCMS
    - Reactive Case Detection
    - Active Case Detection and Response
- **Moderate to High Burden Districts (Zones)**
  - Indoor Residual Spraying (IRS) **(Expansion)**
  - Seasonal Malaria Chemoprevention (SMC) **(Expansion)**
  - Malaria Vaccination **(Expansion)**
  - Post-Discharge Malaria Chemoprevention (PDMC) **(New)**
  - Intermittent Preventive Treatment of malaria in school children (IPTsc) **(New)**

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# Interventions for NMESP 2024-2028 (3)



# The Role of Malaria Case Management towards Elimination



# Role of Malaria Case Management in Elimination

- Updated policies and guidelines (deployed physically and online)
- Enhance information dissemination
- Enhance adherence to guidelines and policies- private sector, community pharmacies and OTCMS
- New chemopreventive interventions
- Improved access to diagnosis and treatment
- Transmission blocking strategies- single low dose primaquine in very low burden areas
- Enhanced and deliberate multiple first-line therapy

# Conclusion

- Significant progress made
- Elimination is feasible using the subnational elimination approach
- Country & community ownership, partnership and innovation is key to success
- Case management interventions are key to malaria elimination



Thank You